

# Beaufort Road Surgery

## Quality Report

21 Beaufort Road  
Southbourne  
Bournemouth  
BH6 5AJ

Tel: 01202 433081

Website: [www.beaufortroadsurgery.co.uk](http://www.beaufortroadsurgery.co.uk)

Date of inspection visit: 24/06/2015

Date of publication: 01/10/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beaufort Road Surgery on 24 June 2015. Overall the practice is rated as requires improvement.

### Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed, with the exception of those relating to medicines management, legionella, security of patient records and equipment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned for.

- Flu vaccination rates for the over 65's were 69.9%, and at risk groups 43.8%. These were below national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was a training practice for doctors training to be GPs.

However there were areas of practice where the provider needs to make improvements.

# Summary of findings

## **Importantly the provider must:**

- Ensure blood pressure machines, medicine/ vaccination fridge temperature gauges and weighing scales are robustly calibrated by an appropriate contractor to confirm they work effectively.
- Ensure patient group directions (PGDs) follow national guidance and are authorised by a clinician.
- Carry out a Disclosure and Barring Service check or document the rationale why such a check is not required for staff who perform chaperone roles.
- Ensure required actions resulting from a legionella risk assessment are carried out and an overdue risk assessment is undertaken.
- Ensure patient paper records are stored securely.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Areas of concern found included, ineffective checks to ensure equipment worked effectively, the management of medicines and actions not carried out from a legionella risk assessment.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. Immunisation and vaccination rates for the practice were lower than national average.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. However, one member of staff did not follow national patient safety guidelines when calibrating some equipment.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a

Good



# Summary of findings

named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

However, governance arrangements did not include effective audit or risk management systems and processes to ensure that quality and performance were monitored, risks were identified and managed.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as requires improvement overall and this includes this population group.

The practice is rated as requires improvement for providing safe, effective and well-led but good for caring, responsive services.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement overall and this includes this population group.

The practice is rated as requires improvement for providing safe, effective and well-led but good for caring, responsive services.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement overall and this includes this population group.

The practice is rated as requires improvement for providing safe, effective and well-led but good for caring, responsive services..

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were similar to national averages for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to

**Requires improvement**



# Summary of findings

confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

A GP, the health visitors and the practice nurses held a joint baby clinic every Wednesday. We were told this was the only clinic of its kind locally. The clinic ran after morning surgery so that the eight week old babies were not waiting together with unwell patients in practice.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement overall and this includes this population group.

The practice is rated as requires improvement for providing safe, effective and well-led but good for caring, responsive services.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement overall and this includes this population group.

The practice is rated as requires improvement for providing safe, effective and well-led but good for caring, responsive services.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. In May every year the senior practice nurse reviewed the learning disability register and patients with a moderate or severe learning disability were written to and invited for a review. Reviews were then carried out either at the practice, the patient's home or care home with the patient's carer if necessary. Of those invited for a review last year 55% had received a health assessment. The practice also offered longer appointments for this population group.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Patients who were subject to safeguarding procedures had an alert on their notes so that staff were aware of their needs. The

**Requires improvement**



# Summary of findings

practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had told vulnerable patients about how to access various support groups and voluntary organisations.

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement overall and this includes this population group.

The practice is rated as requires improvement for providing safe, effective and well-led but good for caring, responsive services.

93.6% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had received training on how to care for patients with mental health needs and dementia.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results showed the practice was performing in line with local and national averages for patient satisfaction. Of the 294 survey forms distributed to patients, between July and September 2014 and January to March 2015, 112 forms were returned completed. This was a response rate of 38.1% which represented approximately 1% of the practice population.

- 78.7% find it easy to get through to this practice by phone compared with a CCG average of 85.3% and a national average of 74.4%.
- 88% find the receptionists at this practice helpful compared with a CCG average of 89.8% and a national average of 86.9%.
- 87.1% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 70.9% and a national average of 60.5%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.7% and a national average of 85.4%.

- 96.7% say the last appointment they got was convenient compared with a CCG average of 94.2% and a national average of 91.8%.
- 92.4% describe their experience of making an appointment as good compared with a CCG average of 94.2% and a national average of 91.8%.
- 78.7% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68.3% and a national average of 65.2%.
- 65% feel they don't normally have to wait too long to be seen compared with a CCG average of 63.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards of which 10 were positive about the standard of care received. Comments included reference to the practice being caring, staff being friendly, willing to help and polite. One comment was less positive about the length of time a patient waited to see a GP.

## Areas for improvement

### Action the service MUST take to improve

- Ensure blood pressure machines, medicine/ vaccination fridge temperature gauges and weighing scales are robustly calibrated by an appropriate contractor to confirm they work effectively.
- Ensure patient group directions (PGDs) follow national guidance and are authorised by a clinician.

- Carry out a Disclosure and Barring Service check or document the rationale why such a check is not required for staff who perform chaperone roles.
- Ensure required actions resulting from a legionella risk assessment are carried out and an overdue risk assessment is undertaken.

Ensure patient paper records are stored securely.

# Beaufort Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

The team included a GP specialist advisor and practice manager specialist advisor.

## Background to Beaufort Road Surgery

Beaufort Road Surgery is situated in Southbourne which is a suburb of Bournemouth, Dorset.

The practice has an NHS general medical services contract to provide health services to approximately 10,900 patients.

The practice is open from 7.25am to 6.30pm from Monday to Friday. Appointments are available between 7.40am and 5.30pm from Monday to Friday. The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Service via the NHS 111 service.

The mix of patient's gender (male/female) is almost half and half. Approximately 21% of patients are aged over 65 years old.

The practice has eight GPs who together work an equivalent of 6.1 full time staff. In total there are five male and three female GPs. The practice has three practice nurses and a health care assistant. The GPs and the nursing staff are supported by a team of 17 administration staff who carry out administration, reception, scanning and secretarial duties. The practice also has an assistant practice manager and a practice manager.

The practice was a training practice for doctors training to be GPs.

We inspected the practice in May 2014 and found improvements were needed in fire safety, patient privacy and staff recruitment. The provider sent us an action plan which detailed the steps they would take to become compliant. At this inspection we found the provider had made the necessary changes to become compliant in these areas.

We carried out our inspection at the practice's only location which is situated at:

21 Beaufort Road

Southbourne

Bournemouth

BH6 5AJ

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the CQC at that time. This report relates to 2013/4 QOF data.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included: practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice management team.

We also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events and complaints received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

Significant events and complaints received by the practice were entered onto one system and actioned accordingly. The practice carried out an analysis these and lessons learnt were formally shared at practice meetings and on an individual basis as required. We reviewed safety records, incident reports. Complaints and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

For example, an error with a child's immunisation occurred. We followed this through and found that an effective system was followed to minimise the risk of an error happening again. Outside agencies, such as pharmacies, were invited to be involved in investigations when dispensing errors happened which affected Beaufort Road patients.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding who was supported by a safeguarding administrator. GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice was displayed in the waiting room, advising patients that a chaperone could be made available, if required. The practice manager advised us that the chaperone training was under review. We were told that only nurses performed chaperone duties but we found that administration staff performed chaperone duties but had not received training for the role nor had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager advised us this practice would stop using administration staff for chaperone duties immediately.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area of the practice. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice carried out a legionella risk assessment in December 2012. Actions required to monitor water temperatures had not been carried out. A further risk assessment for legionella was due to be carried out in December 2014, this had not occurred.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We examined the arrangements for managing medicines, including emergency drugs and vaccinations. Processes included obtaining, prescribing, recording, handling,

## Are services safe?

storing and security. Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice was unable to provide evidence to confirm that refrigerators used to store medicines and vaccinations were serviced or their temperature systems calibrated to confirm they were operating effectively and within the required temperature range. Medicines administered by the nurses at the practice were given under a patient group direction (PGD) which is a directive agreed by GPs which allows nurses to supply and/or administer prescription-only medicines. Two of the PGDs, we looked at, had been signed by the practice manager. National guidance states that a PGD must be adopted in the practice by a GP.

Recruitment checks were carried out. The practice had employed one member of staff since they were registered with CQC in April 2013. We reviewed this member of staff's file and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet

patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We were told that the staffing levels and number of same day appointments were increased the day following weekends and bank holidays to cope with increased demand.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice also had buddy arrangements in place with a nearby practice should the building become unavailable.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice had systems in place to ensure all clinical staff were kept up to date. Learning and sharing meetings were held daily by GPs who discussed clinical issues and patient care, learning points from courses attended, alerts, audits and any issues which required immediate action.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.8% of the total number of points available, with 12.2% exception reporting. Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed;

- Performance for diabetes related indicators was better (97.7%) than both the CCG (95.6%) and national averages (90.1%).
- Performance for hypertension related indicators was better (100%) than both the CCG (92.4%) and national averages (88.4%).
- Performance for mental health related indicators was better (100%) than both the CCG (95.9%) and national averages (90.4%)
- Performance for cancer related indicators was better (100%) than both the CCG (99.5%) and national averages (97.2%)

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

improve care and treatment and patient outcomes. We were told that GPs carried out two clinical audits every five years for their professional revalidation and other audits were generated by the clinical commissioning group as a result of medicines management. We were shown examples of two clinical audits carried out in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example, an antibiotic prescribing audit was carried out between August 2014 and February 2015. Three different antibiotics were reviewed and whilst prescribing numbers reduced for two one increased. The practice recognised this and attributed this increase to either specific patient group demands or clinical judgement justification. On the whole there was an improvement in antibiotic prescribing to ensure that they were necessary and effective for patients and minimise the risk of resistance to antibiotics occurring.

### Effective staffing

Most of the staff at Beaufort Road Surgery had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered topics such as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- A member of staff performed checks of measuring equipment such as weighing scales and blood pressure measuring equipment. Checks were undertaken by way of the staff member measuring their own weight and blood pressure and comparing results. Regular calibration checks were not undertaken in accordance



# Are services effective?

## (for example, treatment is effective)

with manufacturer's instructions. This showed that this member of staff did not have the knowledge which would alert them to fact that professional certified calibration checks were required for this equipment.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to hospitals.

Staff worked together and with other health and social care services to assess and plan on-going care and treatment and meet the range and complexity of patients' needs. This included when patients' moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated. Meetings were attended by district nurses, McMillan nurses and social workers as appropriate.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We saw that consent was recorded in the notes of 100% of patients who received minor surgery procedures.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The smoking status of 96% of the patient population and the number of patients who were reported to have stopped smoking in the last 12 months was 59.

The practice's uptake for the cervical screening programme was 82.06%, which was comparable to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw posters and leaflets were available in the waiting area.

Childhood immunisation rates for the vaccinations given were similar to national averages.

Childhood immunisation rates for the vaccinations given to:

- 130 eligible two year olds ranged from (53.1% to 94.6%) compared to the national average of (66.7% to 97.4%).
- 116 eligible five year olds from (70.7% to 94.8%) compared to the national average of (89.9% to 96.4%)

Flu vaccination rates for patients were below national averages. These included:

- Patients aged over 65 years old (69.9%) compared to the national average (73.24%).
- Patients in clinical influenza risk groups (43.8%) compared to the national average (52.2%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Examination rooms were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 11 comment cards of which 10 were positive about the standard of care received. Comments included reference to the practice being caring, staff being friendly, willing to help and polite. We also spoke with one member of the patient participation group (PPG) on the day of our inspection who confirmed that feedback from patients was also positive.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96.1% said the GP was good at listening to them compared to the CCG average of 91.9% and national average of 88.6%.
- 96.1% said the GP gave them enough time compared to the CCG average of 88.9% and national average of 86.8%.
- 98.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.3%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.2% and national average of 85.1%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.3% and national average of 90.4%.

- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.8% and national average of 86.9%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 88.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.3%.
- 76.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and 376 patients had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. The practice also had a corner in the waiting area dedicated to carers and information about services and support was displayed and leaflets available.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. One of the GPs attended CCG meetings. The practice also liaised with public health services about current health risks. For example, HIV testing for those patients deemed to be at risk due to their lifestyle or medical condition, immunisation guidelines and recent concerns about notifiable diseases such as scarlet fever.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early morning appointments from Monday to Friday from 7.30am for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients who needed them. This included patients who were older, had mental health issues, learning disabilities or multiple health conditions.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services were available.

Once a year the senior practice nurse reviewed the learning disability registers and patients with moderate or severe learning disability were written to and invited to a review examination. Assessments were carried out with carer if necessary either at the practice, the patient's home or care home.

A GP, the health visitors and the practice nurses held a joint baby clinic every Wednesday. We were told this was the only clinic of its kind locally. The clinic ran after morning surgery so that the eight week old babies were not waiting together with unwell patients in the practice. Eight week old babies saw the GP first for a general developmental check where parents/carers could raise any concerns. Babies were then reviewed by a health visitor in a dedicated room for this purpose, before having their immunisations with the practice nurse.

Safeguarding concerns were discussed in the clinic with a multidisciplinary approach. This enabled a dialogue between health visitors, GPs and practice nurses which helped in identifying concerns early and try to prevent harm or support children and their families at risk.

### Access to the service

The practice was open between 7.25am and 6.30pm Monday to Friday. Appointments were available on these days between 7.40am and 5.30pm. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and patients we spoke to on the day were able to get appointments when they needed them. For example:

- 75.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.8% and national average of 75.7%.
- 78.7% patients said they could get through easily to the surgery by phone compared to the CCG average of 85.3% and national average of 74.4%.
- 92.4% patients described their experience of making an appointment as good compared to the CCG average of 82.3% and national average of 73.8%.
- 78.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68.3% and national average of 65.2%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system was available in the practice waiting room, entrance hall, patient booklet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at nine complaints received in the last 12 months and found that all of these had been dealt with appropriately; investigated and the complainant responded to in a timely manner

## Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that information about another patient, with a similar name, was sent to a

third party in error. Following investigation the error was traced to the scanning team. Learning from this included an alert being placed on the electronic records of patients who have similar names.

# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

During the inspection we identified a number of areas where the practice needed to make improvements. The practice management team took immediate action in respect of several of these.

However, we were concerned that the practice's own management and systems had not identified these and that the practice had not taken action to make improvements. This was in part because the practice management team had not been aware of some of the requirements of current legislation or national guidance available to support them in the effective management of the practice.

The practice had some arrangements for identifying, recording and managing risks but did not have a comprehensive risk log which identified a full range of potential issues.

The practice did not have an organised programme of clinical audits to help the clinical team monitor quality and systems to identify where action should be taken.

Not all staff followed current guidelines when performing their roles.

We found patient paper records were stored behind the reception desk. These records were easily accessible to anyone who passed by the opening to the rear of the reception desk because staff did not have constant sight of the opening and would not have immediately known if records were removed.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate

care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year, carried out patient surveys and submitted proposals for improvements to the practice management team. These included, text message reminders to reduce the number of patients who forgot to attend or cancel their appointments and self-help information being made available for patients to treat their own minor ailments rather than seeing a GP.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice held lunchtime events to keep staff informed of updates outside normal practice business. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice evolved its appointment system over time which appeared to provide a lot of available pre-bookable and urgent appointments. Results of patient feedback and staff we spoke to demonstrated a positive effect on patient satisfaction and staff morale.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>We found that the registered person did not have safe systems in place to monitor medicines.</b></p> <ul style="list-style-type: none"><li>• Patient group directions had not been approved for use by a GP in the practice.</li><li>• Medicines/vaccination refrigerators had not been serviced or temperature gauges calibrated.</li></ul> <p><b>This was in breach of regulation 12 (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>We found that the registered person did not ensure that equipment used by the service was properly maintained.</b></p> <ul style="list-style-type: none"><li>• A practice nurse carried out calibration of medical equipment used to measure patient's blood pressure and weight by testing it on themselves.</li></ul> <p><b>This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

## Requirement notices

We found that the registered person did not have arrangements in place for identifying and managing some of the potential risks to the practice, patients and staff.

- Patient paper records that were stored behind the reception desk were not stored in a secure manner.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and that information specified in Schedule 3 was available in relation to each such person employed and such other information as appropriate.

- Staff that performed chaperone duties did not have either a criminal records check or documented rationale why such a check was not required.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.